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EFS ID:

11373

Application ID:

09681593

System and Method for Organizing and Presenting Information Relating to the Interpretation of Multiple

Title of Invention:

Information Elements, Such as

Patent Claim Elements, in at Least

one Reference Source and Graphical User Interface Incorporating the Same

First Named Inventor:

G. Williams

Domestic/Foreign Application:

Domestic Application

Filing Date:

null

Effective Receipt Date:

2001-05-03

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation Number:

0

Attorney Docket Number:

71362-2

cn=G. Thomas Williams, ou=Registered Attorneys, ou=Patent and

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Total Fees Authorized:

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Payment Category:

DA – Deposit Account

Deposit Account Number:

180013

Deposit Account Name:

G. Thomas Williams

TRANSMITTAL FORM



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Stylesheet Version: 1.0

Attorney Docket Number:

71362-2

System and Method for Organizing and Presenting Information Relating to the Interpretation of Multiple Information Elements, Such as Patent Claim Elements, in at Least one Reference Source and Graphical User Interface Incorporating the Same

First Named Inventor: Mr. G. Thomas Williams

SUBMITTED BY

Name:

G. Thomas Williams

Registration Number:

42,228

Electronic Signature Mark: G.

Thomas Williams

Date Signed: 20010503

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| DECLARATIO | | Attorney | Docket No. | 71362-1 | | |
| | UTILITY OR DESIGN | | ed Inventor | G. Thomas Williams | | |
| | PATENT APPLICATION | | COMPLETE IF KNOWN | | | |
| (37 CFR 1 | | Application | Application No. | | | |
| □ Declaration Submitted □ | | Filing Dat | | | | |
| with Initial Filing OR | after Initial Filing (sure | charge Group Art | Unit | | | |
| | (37 CFR 1.16(e)) requi | red) Examiner | Name | | | |
| As a below named inventor, I her | shy declare that | | | | | |
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| phiral names are listed below) of the | e subject matter which | h is claimed and fo | which a pate | nt is sought on the invention entitled. | | |
| SYSTEM AND METHOD F | OR ORGANIZING AN | nd Presenting Ii | VFORMATION | RELATING TO | | |
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| the specification of which | (1111 | e of the shremion, | | | | |
| is attached hereto | | | | | | |
| OR SILL GRADDAR | 7/10 11-i- | J Charles Assertions | n Number or | BCT International Application | | |
| was filed on (MM/DD/YY Number and was an | YY)as Unite | ca States Application | n Number or : molicable). | PCT International Application | | |
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| Prior Foreign Application | | Foreign Filing Date | Priority | | | |
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| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: | | | | | | |
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| John E. McGarry | 1 2006 | | Joel E. Bair | | 33,356 |
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| Matthew J. Russo | | | oun r. Ouenmer | | 39,698 |
| Anna M. Shih James F. Kamp | | 36,372 41,882 | | | |
| James F. Kamp David K. Benson | | 41,882 | | | |
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| believed to be true; and | further that these statem prisonment, or both, un | ents were made w der 18 U S.C 100 | ith the knowledge the I and that such willfu | it willful false stater il false statements ir | on information and belief are nents and the like so made are nay jeopardize the validity of the |
| NAME OF SOLE OR | FIRST INVENTOR: | A petitio | n has been filed for t | ns unsigned invento | or |
| Given Name (first and middle [if an | y]) G. I'homas | | Family Name or Surname | WILLIAMS | |
| Inventor's Signature | 1. Thoma | · Uhll | 28 | | Date 5/2/2001 |
| Residence: City | Grand Rapids | | II Country | US | Citizenship US |
| Mailing Address | 333 Somerset Dr | ive, N.E. | | | |
| Malling Address | | | | | |
| City | Grand Rapids | State | MI ZIP | 49503 | Country US |
| NAME OF SECOND | INVENTOR: | ☐ A petition | n has been filed for t | his unsigned invent | or |
| Given Name (first and middle [if an | yD | _ | Family Name or Surname | | |
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FEE TRANSMITTAL

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Patent fees are subject to annual revisions on or about October 1st of each year.

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■ Date Signed:

20010503

BASIC FILING FEE

| Fee Description | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 201 | \$ 355 |

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

| | Fee Code | Fee | Extra Claims | Fee Paid |
|---------------------------|----------|--------|--------------|----------|
| Total Claims: 23 | 203 | \$ 9 | 3 | \$ 27 |
| Independent Claims: 3 | 202 | \$ 40 | 0 | \$ 0 |
| Multiple Dependent Claims | 204 | \$ 135 | | \$ 135 |

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